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ADDRESS.

*THE CAUSE AND TREATMENT OF PSORIASIS.**

BY JOHN V. SHOEMAKER, A.M., M.D.

PSORIASIS, of which I wish to speak, is a chronic, inflammatory disease of the skin. It is one of the most common affections of the integument, and is usually recognized by slightly elevated, round, and reddened spots of various sizes, and covered with dry, white scales. This characteristic appearance of the skin is so striking as to call forth a correct diagnosis from almost every physician who sees and examines a case. The symptoms, diagnosis, and pathology of the disease are comparatively well understood, but to many the cause appears unknown, and the treatment a routine one, with very often most unsatisfactory results.

It is my purpose, in this brief paper, first to endeavor to show, after a close, clinical observation, that psoriasis, in place of arising from an unknown cause, always has some active factors keeping the disease in existence; secondly, that the disease is not only amenable to treatment, but can be cured in very many instances providing the physician can detect and remove the exciting cause.

CAUSES OF PSORIASIS.

The disease develops, beyond all doubt, from some internal derangement. It may be brought into existence by some mechanical or chemical irritation upon the integument, as from a cut, bruise, bite, or blister; but the system under such circumstances must be in a condition to bring about the disease. It may develop from any impairment of the system, especially that which produces an interference with nutrition. All diseases which cause an impoverished state of the blood may lead to psoriasis. It is known to follow dyspepsia, anæmia, syphilis, eczema, scrofula, and other diseases which develop the condition of the blood just alluded to. It may also arise from a nervous origin, causing a lack of nutrition to the system. Of all the affections, however, which cause and keep active psoriasis, I know of not any so potent, so active, and so obstinate as rheumatism and gout. Case after case has come under my observation, the subjects apparently enjoying the most robust health or being weak and anæmic, but, with the exception of these opposite conditions, calling themselves well. The patients, generally, had no apparent cause of complaint, except from the deformity and the trouble with the red patches and scales upon the integument. Examination of patients under such circumstances again and again will throw no light upon the history of their case. The organs are said to be all healthy and working properly. A closer observation upon this apparently healthy class of patients will often enable the physician to detect some functional derangement which continues to keep active the chronic inflammation of the skin. As I have just stated, gout and rheumatism are among the most prolific causes of this disease, and, as factors of psoriasis, they are very often overlooked. To illustrate a case of psoriasis due to rheumatism, I desire to call

* Read before the Pennsylvania State Medical Society, held in Philadelphia, in 1888.

attention to this man, fifty-two years of age, who has had this cutaneous disease for the last twenty years. The eruption, as you will observe, involves all the body. The history of the patient points to the fact that the disease is dependent upon rheumatism, and that the cutaneous lesions always increase as the latter affection becomes from time to time more active. To continue: In healthy patients, such as the one I have here exhibited to you, the questions are usually asked, "Are you in good health?" or, "Do you ever suffer or have pain?" and the answer is generally in the negative, the patient adding, "I am in the best condition, and do not know what it is to be sick," and, "I have no reason to complain, except from the skin disease." A further examination will also often convince the physician that the patient seeking advice is in the best of health, and is, in fact, robust.

Cases of this nature, that apparently enjoy the most vigorous health, upon a continued examination will often be found later to be rheumatic, just as in the patient I have called your attention to, or the subject may be nervous or gouty. The pains or uncomfortable feelings experienced are overlooked, or when the physician asks about rheumatism the term used is not understood, or the patient's idea of rheumatism is a swollen limb or joint, or an inability to move around. The stiff and weary feeling on arising or retiring, or the heavy and uncomfortable impressions in this or that position of the body, symptoms often of a rheumatic condition, are overlooked, or thought by the sufferer to have no bearing upon the skin disease, and are not reported to the physician. Again, the symptoms just referred to are often thought by patients to be growing-pains, or that they are tired or worn out by the duties of the day. In other words, rheumatic and other constitutional symptoms, in apparently healthy subjects suffering from psoriasis, I repeat, are very often lost sight of both by the patient and the physician, and the disease is attributed to an unknown cause.

Psoriasis, I therefore believe, is always due to some constitutional impairment, and its thorough eradication depends entirely upon removing the exciting cause. The reason the affection is so prone to relapses, notwithstanding the best directed efforts, is owing to the continued existence of the cause that originally brought the disease upon the skin. I know full well that very many observers at this time believe differently and express themselves in opposition to these views. Mr. Malcom Morris, of London, for instance, read a paper on "Psoriasis" in the early part of this spring before the London Medical Society, in which the disease was alluded to as a sign of health. Dr. Morris further stated that psoriasis is associated with neither struma nor gout. The course of the argument just cited, it will be observed, is opposed to that which I have advanced in this paper. The writer referred to is not the only observer who entertains the opinion mentioned. As the current literature upon psoriasis will indicate, he is ably seconded in his views by many capable clinicians.

TREATMENT OF PSORIASIS.

From the brief account thus given of psoriasis, it will be seen that, once recognized, the disease is not only amenable to treatment, but can be cured. The cause of the affection, as has been stated, is, however, too often passed by unobserved, and then the treatment—by the usual routine, arsenic method—is frequently followed by a failure to cure the disease, or relapses after an apparent success. The treatment to be pursued in any case of psoriasis, therefore, depends always upon the exciting cause. The majority of those suffering from the disease will require hygienic measures, together with internal and external medication. The most important hygienic rules to be followed consist in plenty of exercise, especially in the open air, with a judicious amount of bathing, in order that the skin, that has been rendered inactive by the infiltration, may take upon itself some activity, and be thus enabled to free the system of the morbid products that assist in keeping up the inflammation. Passive exercise may be instituted, and the skin rendered pliant and active by systemic massage. The latter means is most beneficial in chronic cases of psoriasis by awakening the dormant state of the skin, lessening the thickened, leathery condition that follows from long-continued infiltration, and becomes a most useful agent in promoting the activity of the skin and in assisting in relieving and curing the disease. The rule in treating psoriasis is usually to apply some stimulating preparation or dressing to the red and thickened patches until the morbid condition yields to the local application. The glands of the skin

to which the application is thus made, unfortunately, often become filled with the substance employed, and the skin, as a result, becomes inactive; the morbid products yet remaining within, in place of being forced out upon the surface, become in turn active factors in again producing infiltration of the integument. Exercise and bathing, with, in very chronic cases, massage, used in conjunction with the local treatment, which will be alluded to presently, will not only thus prevent the skin from becoming dormant, but will also restore it to activity and assist materially in relieving and curing the disease. The hygienic rules just referred to, which are the very best means at the disposal of the physician, are most unfortunately in very many instances entirely neglected for the commonly accepted plan of treatment by arsenic and stimulating ointments.

In reference to the employment of internal medication, cases of psoriasis depending upon rheumatism yield well to either the salicylates, oil of wintergreen, acetate of potassium, digitalis, and the sweet spirits of nitre, quinine, antimony, turpentine, and the iodide of potassium. The iodide of potassium, to which reference has just been made, is one of the very best agents for eradicating the disease in rheumatic patients. Grave, Boeck, and Holland have reported a number of cures from the iodide of potassium in large doses. Again and again have I observed also in many cases the curative action of this drug in large and frequently repeated doses, often from ten to thirty grains being taken every three or four hours during the day. The class of cases, however, in which this drug in my experience has been curative has been in those having either a rheumatic or gouty condition of the system. Gouty subjects having psoriasis often do well on colchicum, guaiac, the preparations of lithium, and the various alkaline waters. Cases in which the disease owes its existence to a nervous origin require phosphoric acid, oxide of zinc, nitrate of silver, the protochloride of gold and sodium, arsenic, and often the addition of galvanism. The anæmic do best upon the preparations of iron and arsenic, and those arising from imperfect assimilation can often be cured by a proper course of dietetics, with the use occasionally of cod-liver or chaulmoogra oils.

In concluding the recommendation for internal treatment, I have purposely left the reference to the use of arsenic to the last agent of which I shall speak. Arsenic, in one or the other forms in which it can be given, while a valuable agent for the treatment of chronic psoriasis, yet in very many cases is a much-abused remedy, upon which too much dependence is placed. No sooner is the disease recognized, very often, than the patient is at once subjected to a rigid arsenical treatment, and the many other judicious means of managing psoriasis are entirely ignored. The result is, too often, that the arsenic treatment fails to act, and the disease is continued indefinitely or becomes better, to again relapse into its former condition. Arsenic, however, is at times, in cases arising from various causes—providing the proper hygienic rules are adhered to and the secretions are kept active—a valuable agent. It may act well given in the form of one of the solutions, or as one of the salts given in pill form. The best results which I have observed, however, from the action of arsenic in psoriasis, is from giving it hypodermically, care being taken at the same time to keep the skin, alimentary canal, and kidneys active by the hygienic measures already referred to, together with the use of diaphoretics, diuretics, and cathartics, if necessary. In administering arsenic hypodermically, full doses must be given if a good effect is to be expected. The beginning dose should be from one-tenth to one quarter of a grain of arsenious acid or the arsenite of sodium, increased to one-half a grain every two or three days. The hypodermic injection in fat subjects can be deposited deep into the cellular tissue, and, in lean individuals, in the muscular tissue. Arsenic given in this manner often acts more decidedly in chronic cases of psoriasis than when administered by the mouth. At times, patients will not permit the use of the hypodermic needle, and under such circumstances suppositories of from one-quarter to half a grain of arsenious acid or arsenite of sodium, once or twice a day, will at times prove equally as serviceable.

LOCAL TREATMENT.

Local measures, as bathing and massage, to which I have already referred, with the use of soap, oil, bandages, and various dressings, are all of great advantage in assisting to remove the infiltration and render the skin active.

The thickened skin may also be removed by the employment of any one or the other of the numerous stimulating preparations in the form of medicated soaps, plasters, ointments, solutions, and fixed dressings. Naphthol, or one of the preparations of tar, carbolic acid, creasote, the mercurials, anthrabobin, chrysarobin, pyrogallic acid, may be used, alone or variously combined, and applied in one of the above forms for the purpose of stimulating the infiltration, and thus removing it from the surface. The combination and application of the above preparations are now pretty well known to all physicians, and are spoken of at length in all the works upon diseases of the skin, and it will therefore be unnecessary for me to reiterate them in this paper.

In conclusion, however, I wish to again repeat what I expressed as the purpose of this paper—first, that psoriasis is always dependent upon a constitutional cause, as set forth in the observation already made in the opening of this subject. Secondly, that inasmuch as psoriasis is due to systemic disturbance, it can only be cured by removing the exciting cause with hygienic measures, with internal medication, assisted by local applications. The local treatment, while an adjunct in rendering the skin active, is, in my opinion, in no way, conducted alone, capable of permanently eradicating the disease without frequent tendency toward relapses.

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*PHYSIOLOGICAL ACTION OF QUININE AND CINCHONIDIA.**

By GEO. T. WELCH, M.D.,
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THAN quinine, there is perhaps no other drug of the pharmacopœia so abused. It is the universal tonic, the most popular remedy, the fetich in extremity of every human ill. Those gentle old enthusiasts of "Ziemssen's Cyclopedia" record their experiences and recommend its use in ninety eight separate diseases, and I defy any other physician to say he has not used it in a hundred. The wonder would be if he had limited it to that. The laity, ever eves dropping for the miraculous, have run off with the secret, and few subject themselves to the physician who have not already dosed themselves with quinine. Liebermeister grew truculent in his defense of large doses in the reduction of the temperature in typhoid fever, ordering forty-five grains in an hour, and averring that he had given this amount in single doses ten thousand times. Jürgensen had given even more, but Malliot had covered himself with glory by ordering one hundred and eighty grains in twenty-four hours. The German constitution sets itself seriously to the digestion of a handful of the drug, as it does to any other problem, and comes out phlegmatic and alive at the end.

But comprehensive students begin to doubt the advisability of these great doses in typhoid fever, since the fiery fountain thus submerged deep in the system inevitably rises again, while the progress of the disease is not curtailed in time or in its destructiveness. Other antipyretics, as antipyrin and antifebrin, reduce the temperature still more, but with these, as with quinine, the inevitable conservation of energy decrees that the sudden arrest of force in one form is stored up or developed somewhere else. As thus, the fever arrested, the heart or the brain gives way, the force of disease being suddenly diverted to some new object. Where is the aurist of large experience who has not sometime found that, in the patient who has come to him with a pitiful disorder of the ear, some one with large doses of quinine had cured an intermittent, but had forever disarranged the fine adjustment of those fairy organs which go to make up the sense of hearing?

True it is, as Leibermeister suggests, that a Damascus blade may become only a bludgeon in the hand of a bungler. But I leave out of consideration those ill-timed and ill-advised dosings of the laity, with their tonic tipples, their morning pills for fancied malarias, with the consequent skin affections, nervous debilities, and the renewed need of resorting again and again to the promoter of the mischief—and I come at once to the masters of the Damascus blade.

I have had reason upon another occasion to call attention to the fallacious argument that experiments upon brutes indicate the action of medicine on man. Recently I observed a goat eating toxicodendron with a relish that was not abated when he approached the same plants on the next day. Guinea-pigs, monkeys, and birds are comparatively insusceptible to the action of strychnine, and the cat survives whether the drug be administered by the

*Read before the Monmouth County Medical Society, at Freehold, N. J., October 8, 1888.

mouth, veins, or subcutaneously. It is presumable that opium is decomposed in the stomachs of birds and herbivorous animals, as excessive doses produce no adequate effect. Birds are nourished by the berries of the kaluria, but men are poisoned who eat the birds. And so I might extend the list, but the action of many drugs is simultaneous and alike in animals and in man. Quinine is one of these. In small doses given to either, it acts as a stimulant of the nervous system, and in frequently repeated doses, given to animals, it increases the pulse-rate even until death (Stillé). In man the pulse-rate falls, under the effect of large doses, whether in health or disease, and its force is diminished, while the temperature may or may not fall, as I have noticed, even when doses of twenty-five grains have been given. In fact, there is no uniformity in the matter, the temperature falling in one individual under as similar conditions as may be, where it had remained stationary in another, or under the stimulus of fever had ascended. But, as a rule, large doses do lessen the temperature.

Sphygmographic experiments upon an exposed human brain prove that five grain doses increase the energy of the cardiac systole. More blood is admitted to the brain, but the intercranial pressure is lessened. After a dose of twenty grains there was diminished energy of the cardiac contractions, unfilled cerebral arteries, and great diminution in intercranial pressure (Putnam-Jacobi).

The ordinary effects of full doses of quinine are of daily observation—buzzing of the ears, hebetude of mind, vertigo, unsteadiness of gait. But if the dose be increased to thirty grains, to these symptoms must be added great depression, apathy, somnolence, impaired sight and hearing, dilatation of the pupils, and trembling of the limbs. Poisonous doses—and the amount of these must be determined by individual idiosyncrasy—poisonous doses, especially when injected into the veins, produce rapid death, and yet the heart has been known to continue to beat after respiration had ceased. And, what is odd, and a point never to be lost sight of, an individual who has at different times, in a series of years, taken full doses of twenty grains with benefit, may, after a lapse of time in which the drug has not been exhibited, succumb to very ordinary amounts, with alarming lethal symptoms. Nor is the effect confined to quinine alone. The sulphate of cinchonidia, which is generally supposed to produce analogous curative effects with quinine, but with less disturbance to the nervous system, will also become as treacherous under certain unknown conditions, and in small doses produce the same frightful effects. Given in poisonous doses to the lower animals, it produces intense congestion of the anterior portion of the cerebral hemispheres (Bockius).

From witnessing the distressing symptoms incident to the treatment of fevers, especially with quinine, I gradually discontinued using that drug, and for twelve years I have confined myself instead almost exclusively to the sulphate of cinchonidia. Noting its efficiency and its milder effect, I have frequently congratulated myself upon its substitution, and have recommended it to my professional confreres whenever occasion presented. It rarely caused tension and pulsation in the head, torpor, or impairment of hearing or vision, even in doses of thirty grains, which I have given in typhoid fevers, until observation and analysis have taught me better. In doses of fifteen to twenty grains it has been effectual as a curative of periodical fevers and in neuralgia. Doses of ten grains have not infrequently cured headaches in a few hours. As a tonic, in doses of two grains thrice daily I have observed the happiest effects. But, as with quinine, the practitioner must exercise due vigilance in administering the drug, and even then, with small doses, he may meet with a genuine surprise in its physiological effects.

On September 1, 1887, I ordered eighteen grains, in doses of six grains once in two hours, to be taken by Mrs. V—, who, while under treatment for lithæmia, complained of malarial symptoms on alternate days. She had taken the second dose at 10 A.M. At 11 A.M., while going from one room to another upstairs, she suddenly sank down powerless, and was gotten to bed by her attendants in a sad fright. Her heart at first beat rapidly, then became very regular and slow, the skin cool, the breathing labored, but the mind was inordinately calm and collected. In whispers she conversed with her family and quieted their alarm, though suspecting, herself, that dissolution might occur. It was nearly noon when I reached her. The face was then highly florid, the eyes injected, the pupils staring, the pulse 50°; the temperature, as nearly as I can recall, having lost the record, was 98°. The heart's action was very

weak, and the patient lay motionless, whispering in a soft, clear tone and without exhibiting any anxiety, though a prey to it, as she confessed. The one hundred and twentieth of a grain of sulphate of atropia was injected hypodermically, and the heart growing stronger under its influence, it was repeated in twenty minutes with good effect, and afterward given by the mouth, together with brandy and lavender, hot bottles being used at the feet and sides. The effect of the drug slowly declined, and on the next day there was nothing unusual to be perceived.

When I called in the afternoon, Mrs. V— informed me that she had passed through a similar crisis about three years before, while under the care of the late Dr. Shackelton, who had ordered her twenty grains of quinine. The symptoms came on when she had taken but five grains, and she recovered more slowly than from the cinchonidia.

In my own person I have frequently taken large doses of the latter drug for the relief of neuralgia of the fifth nerve with complete success and without incident. These large doses, twenty to twenty-five grains, have been usually taken on retiring for the night. In four hours the pain, which had been gradually decreasing, ceased abruptly. When under the influence of the drug I have been delighted to observe how clear all the mental processes have become. It has had upon me much the same influence Coleridge and DeQuincey have attributed to opium. In carrying out a train of thought I have been no longer tantalized by the many avenues which ordinarily open away from the direct line of march. I have gone straight to the purpose, though with a feeling of isolation similar to that experienced when hollow winds are heard blowing with a distant sound in the night. As long as this full influence of the cinchonidia continued my mind set itself clearly to the solution of problems without haste and without fatigue. But after a time a cool bitterness came in the mouth, the air seemed purer as I breathed, a slight numbness was felt in the fingers, some itching of the flesh, the sense of isolation wore off, and life came back as before, the mind turning its attention on all sides.

I had not taken cinchonidia for six months, when, in August, I began to suffer severe pain in my left eye, which growing intolerable, and attributing it to some defect of the organ, I consulted Dr. Webster, of New York, who found the defect in the right eye, which, focusing out of tune, as it were, left the burden but not the melody of harmony to the left eye; but he advised, in addition to the glasses ordered, that I should try the effect of quinine. Accordingly, the very next morning, August 28th, as I still suffered severely, I took fifteen grains of the cinchonidia on sitting down to breakfast. I happened to have only that amount available or I should have taken more. I had a number of calls to make, and began my rounds at 8 A.M. At 10 A.M., while being driven along a country road three miles from home, I was suddenly attacked with severe pain, with a sense of oppression similar to choking in the præcordial region, which continued for about twenty minutes. I now alighted at a house where, having an operation to perform, I lost sight of my own symptoms; but in a changed form they met me at the door as I came out. My hands and feet began to burn and tingle, and an uncontrollable itching of the arms came on, which seemed suspicious to my driver. I now called to see a lady who was suffering with urticaria, and to my mortification, being unable at times to prevent myself from rubbing my arms, I invented a pleasant story that the sight of her distress caused a sympathetic irritation in my own blood, but she did not appear to relish the conceit. As I was driven back to town my hands and feet began to swell, as did my face, while the itching was transferred to my hands, which had turned a mottled purple.

The morning, fortunately, was cool, and I felt better by the time I had reached my next stopping place, which was again in town. Here I found a patient convalescing from a tedious nervous disease, sitting on the piazza, and turning a right longing look at my horse and phaeton, when I remarked, as I rose to go, that I was now about to pay a visit at a house a mile from town, on the shore of the bay. Whereupon I dismissed my driver and took the invalid. As I drove along I began to have the horrible impression that I was going to be very ill. I had singular visions of yellow leaves on an orchard we were passing, with yellow apples, and a yellow Dutchman in a yellow shirt gathering beans from yellow vines. My mind was getting apathetic, too, and I was answering my friend at random as she went plaintively over the routine of her endless symptoms. Reaching the longed-for house, I

got out of my phaeton with the careful regard of a centenarian, my knees bending weakly, my arms hanging down, and my head lolling gently forward. I fumbled feebly at the door, which a stout lady opened, and invited me in, ushering me, with voluble information as to the patient, into the sick-room, where three or four solemn people had gathered. I staggered forward with the sickening sensation that they would think me badly intoxicated. I dropped down by the bedside on the first chair, with a sudden sense of powerlessness, asking for a glass of water and affirming that I had been taken suddenly ill, which, it occurred to me, no one was generous enough to believe.

With a supreme effort I heard the sick man's story, which, with severe austerity, I assisted him to abbreviate. Catching the salient points, as a man in falling from a tower catches at the salient angles, I prescribed for him—cleverly enough, as it turned out afterward. I then tried to go, but found I could not rise. Unable any longer to talk, I dropped my head in my hand and sat still for a long minute. Then, spurning my human weakness, I clutched the table in front of me and slowly arose. It seemed in doing so that I rose slowly above my body, which hung back like lead. One of the solemn men followed me out and essayed to question me concerning the patient, but I regarded him sternly and tottered on. I got into my phaeton by sitting down in the foot first, and then, with a weltering motion, as if in the sea, I got back upon the seat.

I asked the lady, with a hideous attempt at humor, if she would not see me home. I began to sigh and struggle for breath, and my heart appeared to be scarcely beating. I attempted to raise my arms, but could not. The wheels jolted into a rut. I swung a dead weight to the motion of the vehicle, and thought I should fall out. Noticing the terror in my companion's face, I attempted to reassure her, but it was only after repeated efforts that I could speak. She wanted to drive me to the door of a house we were passing and call the inmates. I protested, in a hollow voice, that I was better and must get home, but at the same moment I was near falling out on the wheels. We went over a bridge, and I noticed that a yellow stream was flowing beneath it. On the further side a girl came out of a cottage with a plate of the most nauseous-looking yellow peaches I had ever seen. Struggling for breath, I yet singled out every eye, and saluted respectfully the most hardened reprobates. I found I could use my hands. I took the reins and drove into my own grounds. With scant ceremony, I fear, I called the stable boy and bade him drive the lady home. Feeling my way by the walls, I got to a door on the back piazza, and finally reaching a couch in the office, I fell forward on it, the ceiling and the floor apparently heaving as in an earthquake. From this time I rapidly recovered under the use of stimulants, and only regretted that I had not been able to make a scientific record of my symptoms.

For about twelve hours there was a peculiar dryness and crackling sensation of the skin whenever I moved. It was as if an exceedingly fine wire was drawn about me, and moved here and there with lightning rapidity, a stinging sensation accompanying the crackling.

On October 1st I prescribed fifteen grains of the cinchonidia for the relief of fever in the case of Mrs. M., of Matawan, and I append a note received from her on the following day:—

MATAWAN, October 2d.

Dear Doctor: I have had a fearful time with that medicine, and I write to ask whether I shall take any more of it, even in small doses. I took it at 9 A.M., and at eleven o'clock I became powerless, and couldn't raise my head till three in the afternoon. I was all alone. I sunk down on the floor and couldn't move. I thought I should die. I couldn't get my breath. I crawled to a front window at 2 P.M. and beat on it with my fist, but could not make any one hear. Was it the medicine? Let me hear from you.

Respectfully, MRS. M.

I called on the lady at once, and found she had passed through a fearful crisis, being all alone, and with a clear mind noting her symptoms with doubt and anxiety.

Quinine and cinchonidia are put on the market adulterated, but the character of the well-known houses from which the drug in question was received precludes suspicion here. But the character of the affinities it meets with in certain conditions of the system are unknown—in fact, they are not known under any circumstances—but the sulphuric acid may leave the cinchona and begin a destructive course, only bounded by its limited amount. Boehem states that the smallest appreciable amount has produced poisonous symptoms of the gravest character, and even death.

But the experiences detailed do not argue against the employment of the drug except in unskilled hands. They only argue extreme carefulness, and suggest that in malarious districts, where great doses are frequently given, its poisonous effects might be mistaken for pernicious intermittents, and a fatal end be produced by pushing the drug, subcutaneously or otherwise.

Of the measures to be employed in extreme manifestations of its power, I believe brandy and atropia in small amounts are paramount.

ORIGINAL COMMUNICATIONS.

ELECTRO-GYNECOLOGY; PELVIC CATARRH; SUB-INVOLUTION.

By J. T. EVERETT, M.D.

(Concluded from page 356.)

IN these cases we have a relaxed, flabby condition of the uterus and vagina, often involving the entire pelvic contents. This is usually accompanied by a greater or less degree of uterine displacement; often by a bulging or hernia of the bladder or rectum, but the almost omnipresent symptoms are leucorrhœa and displacement. This results, in a large degree, from the excessive turgescence of the tissues and their abnormal weight, accompanied by the concomitant soft and yielding nature of the circumjacent tissues. The vaginal walls lose their power to support the womb, and the suspensory ligaments are relaxed and elongated. Here the indications are not as numerous and complicated as in some other pathological conditions, yet the great number of these cases which the electro-specialist will be called upon to treat, and their great variety of phases, symptoms, and conditions, call for the most careful investigation and accurate diagnosis before attempting to treat their diversified symptoms. The diagnosis being correctly made, the indications in general are to impart tone to the parts by increasing the circulation and the retrogressive metamorphosis, in order that the morbid deposits may be carried off, that the static blood may move on, and that increased vascular activity may ensue; by this means bringing an afflux of rich, pure, healthy blood to the diseased parts, in order that increased strength may be obtained. At the same time the ligaments must be looked after, that their tonicity may be so increased to the point where they are able to properly support the uterus. This tonic treatment is best accomplished by the use of the faradic current in conjunction with general systemic tonics, alteratives, etc. The resolution of the enlarged uterus is best accomplished by the use of a combined galvano-faradic current of thirty to fifty milliampères, the faradic factor moderately strong. The method of applying these currents which has in recent years been most satisfactory in our hands has been to insert a large ball electrode into the vagina, and with the other electrode over the supra-pubic region using the intra-vaginal electrode as the anode, but changing the direction of the current frequently and carefully turning the current down to a low strength at each change. When these treatments are continued systematically and persistently for months, the results have been uniformly beneficial. Our records give a cure in 84 per cent. Care must be taken, however, not to lose sight of the fact that there are two separate and distinct indications in these cases—first, to relieve congestion and lessen the size and weight of the uterus, or to expedite the retrogression; second, to correct the displacement and restore proper tone to the tissues. In cases of simple prolapsus, with but slight enlargement and a minimum of vaginal or pelvic complication, a cup-shaped electrode, to grasp the os, is serviceable, with the other electrode over the ovarian ligaments, as previously described, with a current of twenty or twenty-five milliampères for five or ten minutes, with the cathode at the os. Supplementing this current with a medium secondary current for ten, fifteen, or twenty minutes afterward, remaining quiet for an hour, will, in most cases, be found curative.

Where flexion or version occurs, the current should be passed from the os to the ovary or other region from which the uterus recedes, *i.e.*, the current must traverse the relaxed tissues, thus shortening, tightening, and strengthening them.

In three hundred cases of this nature, eleven failures give a very satisfactory showing of results, illustrating the vast superiority of this method of treatment over others which we have tried in the past. When, however, these cases are complicated by chronic sub-involution, or supra-involution, "then comes the tug of war." Where there is extensive areolar hyperplasia, with old, fibrinous deposits, in-

terspersed with soft, spongy fungosities, from which numerous, frequent, and profuse hemorrhages spring; when the endometrium is composed of a soft, flabby, succulent mucosa, the ball electrode will be found of vast service. This as the positive, with the negative over the sacrum or abdomen, with a current of thirty to fifty milliampères, has been measurably successful in our hands. In some instances we have found it necessary to substitute the intra-uterine electrode, or the curette, for the ball-vaginal electrode, but this rarely becomes a necessity, unless the endometrium is extensively involved, then the milliampères should be somewhat increased, ranging from thirty-five to sixty, as the cases may require.

Apostoli and Engleman recommend a much higher power, often as high as two hundred or two hundred and fifty milliampères, and the insertion of needles into the neck around the os; but our experience in this direction has been extremely unsatisfactory, and we have reverted to the foregoing methods as safer and more universally curative. When we find in these cases that the galvanic current loses its usefulness after a time, or fails to produce as uniformly rapid results as we desire, a change to the faradic for a time, or a combination of the two, will be found to re-establish the onward progress. The gynecologist will be invariably consulted by great numbers of patients suffering from these complaints as the months and years go by. Any means that will increase our percentage of cures will be gladly adopted by the conscientious practitioner.

When we find simply a local congestion, with deposit of morbid tissues of a hyperplastic nature, a combined current of from ten to twenty milliampères, through the secondary coil, will be found to be amply sufficient to disperse these growths and to set up healthy retrogression. A very serious and frequently recurring trouble in connection with these maladies will be found in females who have passed the climacteric age, but yet in whom the monthly hemorrhages recur with greater or less frequency and severity. There is no general diseased condition, other than an abnormally active genitalia, with or without uterine hypertrophy, but usually with enlarged uterus, whose walls are flabby, loose, and vascular.

The mucosa and endometrium usually present a congested, rosy, or dark venous hue, with stringy or viscid secretion.

These cases, previous to the use of electricity in their treatment, were with us, as they were with our confreres, exceedingly stubborn and unsatisfactory. About fifteen or sixteen years ago, in despair at the frequent failures, complications, and uncertainties of the orthodox methods of treatment then in vogue, we cast about for some more certain, rational, and satisfactory manner of treating these conditions. Having learned the various effects of the electric currents in other cases, and seeing by the scattering literature on the subject that others were using this agent for similar purposes, we were led to adopt the electric treatment in the following manner:—

The first efforts in this direction were, of course, desultory, and lacked precision, therefore will not be recorded, but having through many difficulties eliminated the false methods by reason of their failures, we have learned that the combined currents in these cases give better and more universal satisfaction than either alone.

Although in special cases it seems best to alternate the separate currents, for obvious reasons, when it is desired to produce an alterative chemical effect, the galvanic is the current indicated. With the anode in the uterine cavity, and with the cathode over each ovary consecutively, in conjunction with a faradic current of low tension, a galvanic current of from fifteen to twenty milliampères, applied daily for twenty to thirty minutes, has resulted in a cure in 99.5 per cent. where the *séances* were persisted in for a sufficient length of time.

In the above cases, as in all subsequent ones, we have omitted from our report all those persons who belong to the class of itinerant medical tramps, who make a practice of going from one practitioner to another at frequent intervals, trying one to-day and another to-morrow, and then departing to pastures new and doctors green. Our percentage of cures were so very far above the statistics in current literature, that we have waited all these years, hesitating to give our experience to the profession lest there might be some fallacy in the ratio which would appear later on. This treatment in various uterine troubles has been so successful that we have not cauterized, or even used topically, the tinctures of iron or iodine, and but rarely resorted to the glycerin tampon in recent years, relying almost exclusively on

the combined electrical treatments in conjunction with general systemic medication. True, this method means quite an outlay for proper armamentarium, it means study, work, and diligence; but does not every branch of our noble, self-sacrificing profession mean the same thing? A medical education, and all the various addenda, signifies time, money, and exertion.

Many practitioners say they have not the time to devote to the lengthy treatments, that they are so thronged with patients that they can only give a few hurried moments to each one. We have always believed that "whatever was worth doing at all was worth doing well." We are now treating on an average thirty patients daily, and we find time to attend to other cases, besides reading the current literature and writing—somewhat hurriedly—besides.

FIBROUS DEGENERATION—UTERINE ATROPHY.

Here we have a very different and much more intractable malady to contend with. Instead of an enlarged and over-active vascular organ or set of organs, with super-vitality and proliferation, we have directly the opposite. The organ is shrunken, hardened, the vascular supply is lessened to a greater or less degree, there is little vitality, and less disposition to respond to stimulation. This condition not only prevails in the organ itself, but the afferent vessels and nerves are also interfered with. While our results are, if taken in connection with the preceding cases, very discouraging, yet when we take cognizance of the fact that heretofore we have rarely ever made an attempt to correct these conditions, because we have no medical or surgical methods which, *a priori*, give us a shadow of hope for benefit. Because these maladies so closely simulate the menopause, and, therefore, appear to be a physiological rather than a pathological condition, is no reason why, when occurring in one who is far short of the climacteric age, they should be allowed to prevail, if we can harmlessly and with reasonably certain results correct the condition. While this is supposedly all true, when we take these facts into consideration we are less apt to neglect our duty in the premises. A failure in 34 per cent. of our cases of this nature is much better than a failure in ooo per cent. to make even an attempt at rational treatment. Our method has been, when the trouble is recent and accompanied by occasional molimina, with some degree of vascular vitality, with indications of a tendency to the extrusion of blood, to assist the process by introducing the cathode into the uterine cavity, and while the anode is over the ovaria, to pass a current of twelve to twenty millampères, for a time ranging from twenty to thirty minutes daily, for two or three days just preceding the anticipated epoch. These agencies should then be suspended in case the flow comes on freely, if not, continued for a week, then alternating them every other day with brisk faradizations of the womb and ovaries. This course has proved very salutary in our hands for the six or seven years last past, and has resulted, as above stated, in 66 per cent. of more or less perfect re-establishment of the menstrual functions and in increasing the vascularity, activity, and vitality of these organs. In old, chronic, fibrous degenerations, however, the results have been almost *nil*. While the general health and personal comfort have improved under electric treatment, yet a record of 78 per cent. of failures to re-establish the normal catamenia would indicate clearly that our prognoses in these latter cases should be exceedingly guarded. This result, however, is not wonderful when we consider the pathological conditions which exist, and which we attempt to correct. These facts teach us that nature is more willing to accept electrical assistance in the line of retrogressive metamorphosis than in revivifying or building up an atrophied or dormant organ or tissue. While she will, under certain restricted conditions, respond to our electrical stimulation, yet she more freely, actively, and energetically responds to the alterative and metamorphic.

OÖPHORITIS.

In active ovarian inflammation, our methods have been to apply a bifurcated anode over each ovary, pressed well down upon the diseased organ, and with a large, flexible, moist cathode at the sacro-lumbar junction, allow twenty or thirty milliampères to flow through for from twenty to thirty minutes daily, or morning and evening, when practicable, until the inflammation subsides. In these troubles, rest and the usual hygienic regulations, with mental quiet and unstimulating diet and general sedatives, if indicated, with systemic tonics, will, in nearly all cases, prove successful if persisted in for two or three months. Our

records show a cure in 81 per cent. of uncomplicated ovaritis.

In cases of long standing ovaralgia, or where the ovariæ have established the habit of frequent congestions, where there is a peculiar idiosyncrasy or sensitive predisposition to recurring attacks of acute inflammation, with subacute sequelæ, the combined currents are very useful in combating these attacks and in setting up a reparative process that will in time prevent the recurrence of these troubles. When the inflammation has become subacute or chronic, the faradic current can be used with great benefit. In others the combined currents are more effective, especially if an atonic, catarrhal condition prevails, the faradic current in large quantity and low tension, while the galvanic may range from twenty to thirty milliampères.

In old chronic cases of long standing, where much infiltration and deposit have occurred, we have found the galvanic current at first, with a power of thirty to sixty milliampères, gradually causes recession. The cathode should be applied over the ovariæ, while the anode is placed at the sacro-lumbar junction.

This method has been very satisfactory in setting up retrogressive activity. If, after this method of treatment has been persisted in for a sufficient length of time daily, the improvement appears to be at a standstill, it may be benefited by the substitution of a strong faradic current for a few weeks or months, with daily seances. After a time the constant current can again be used with advantage. In fact, in several morbid conditions we have found that an alternation of currents increases the effectiveness of both. Whether the parts become accustomed to the individual currents, or whether they become charged and filled up with electric potentiality, we may not say; but the fact remains that a change is often extremely beneficial. In these cases it is presupposed that the inflammatory process has not extended to the fallopian tubes, for where we have tubal activity with dropsical or purulent contents, these, without first evacuating the accumulated fluid, might prove serious. After free vent is given to this, then a soothing current of ten to fifteen milliampères will be found very grateful to the diseased organs, and will in most cases expedite the recovery and prevent the troublesome sequelæ.

CERVICAL ULCERATION—ENDOCERVICITIS.

We have found in these conditions of uterine disease the continuous current judiciously used to be of vast benefit. When we find the frequent complication of uterine hypertrophy, or subinvolution, these must first be removed as indicated above. Should we neglect these treatments until after the ulcers were healed, the strong current necessary to cure these conditions would destroy the thin and delicate mucous membrane which forms over the points of ulceration before it becomes dense and strong. After having reduced the uterine enlargement by proper treatment as above described, and remedied the attendant displacement, so that no strain comes upon the os or the utero-vaginal junction to keep up a constant irritation, then the abrasions are best treated by applying an insulated anode to the seat of the ulceration, and, with the cathode at some indifferent spot near by, pass a continuous current of five or eight milliampères for thirty or forty minutes, daily, for a week or two, or until the ulcers heal. In these cases the cure is markedly rapid and certain. When the ulceration occurs (which is quite rare) without other complications, the same means of treatment are required; but, in addition to this, we must look carefully for the cause. Usually we shall find that there exists either some specific or constitutional taint, or some blood disease; or else the patient is addicted to secret vice, or there is some undiscovered cause of the abrasion. In such cases the cause must be found and removed before a permanent cure can be looked for.

In this character of cases, where the abrasions occupy the external lips, or the utero-vaginal mucosa, we have by means of this method of treatment obtained cures in 82.5 per cent. when proper care was exercised by the patient. When the denudation occupies the cervical canal, the anode must be an insulated sound, which should be passed up through the os so that the uninsulated sound, or portion of sound, will come in contact with the ulcer. A mild current of five to eight milliampères should be used here, as in the foregoing instances. Should flexion exist, this must first be rectified, as heretofore directed. Where laceration exists, if extensive, the negative may be applied to the indurated sulci, and a current of sixty or eighty milliampères turned on until an eschar is formed. After the

removal of this, the divided raw edges may be brought together with a silver suture, or a mild current may be passed from the insulated cup electrode to some neighboring part, while the cup of the electrode holds the lips in close apposition. Three to five milliampères, allowed to flow for thirty or forty minutes, will be found very grateful to the patient and salutary to the disease. The cup-shaped electrode should be detached and left *in situ*, retained by a perineal band if practicable. We have given preference to the suture in most cases because it is less troublesome and more certain in results. In cervical ulceration our results have given 79.5 per cent. of cures, and doubtless a strict adherence to the suturing in every case would have raised the percentage much higher.

A CASE OF DIABETES MELLITUS.

By H. Y. NIEMAN,
POTTSTOWN, PA.

ON the 24th of January, 1887, I was called to see an elderly lady of about fifty years of age in regard to, as she expressed it, a severe itching about the genitals. She complained of great debility and weakness. The tongue was coated, and was very pale and flabby. She had no appetite, and her digestion was badly performed. There was an incessant thirst, and she drank as much as three quarts of water in half a day. The pulse was regular but weak in volume. The heart presented no abnormal or diseased condition, with the exception of a slight murmur over the apex, which I attributed to the anæmic condition of the patient. The lungs were healthy in every respect. She at times complained of a severe headache and pain in the back.

The eczematous or catarrhal inflammation extended around the labia, perinæum, pubis, and the inner surface of thighs. This condition was very painful, a continual and incessant itching making the patient very miserable and uncomfortable. The pain and itching prevented the patient from getting any sleep or rest at night. After inquiring further into the case, the patient informed me that urination was necessary from four to five times in a night, and that this was the case every night. By what I could learn from the patient, and taking into consideration the quantity of water passed during the night, I am positive that she passed from eight to ten quarts of urine in the twenty-four hours.

The eczematous affection about the genitals had existed for nearly two years before the case came under my observation, and I have no doubt but what the diabetic condition had existed equally as long.

There was prescribed for the patient:—

℞ Tinct. ferri chlor., . . . gtt. xv.
Tinct. nux vomicæ, . . . gtt. v.
Ext. ergot fld., ... gtt. xx.
M. Sig.: To be taken four times daily.

For the inflammatory condition I first tried an ointment composed of the red iodide of mercury mixed in lard. This produced so much pain and a fearful burning sensation that the patient was unable to use it, and I was obliged to withdraw it and abandon its use altogether.

I next tried an ointment made up of 20 per cent. of oleate of zinc, 30 per cent. of oleate of mercury, and 50 per cent. of cosmoline. This ointment produced no result whatever, after being freely used for two weeks.

I then had the parts freely washed several times daily with a strong decoction of white-oak bark, and applied an ointment composed of sub-nitrate of bismuth, pyrogallic acid, with lard as a base. This produced a decided improvement in the inflamed surface. She was also given internally two (2) drops of Clemen's solution of bromide of arsenic, three times daily, before meals.

At this time there was a great improvement in the general health of the patient. Her appetite and digestion were good. Her strength and general condition improved, and she passed on an average about six quarts of urine in the twenty-four hours. The amount of sugar in the urine was decreased in quantity, as was shown by the analysis on several different occasions. The specific gravity was 10.28, while five weeks ago it was 10.32. The pain about the thighs and loins had nearly all disappeared. She rested well at night, and was not disturbed more than once in a night, and sometimes not at all.

All starchy food was omitted from her diet as much as possible, and she consumed a quart or more of skimmed or sour milk every day.

Now, April 27, 1888, this patient is still more improved. She now passes very little urine beyond a normal quantity. She rests well all night, and is very seldom disturbed. Her appetite is good. The eczematous trouble did well for about two weeks under the gallic

acid treatment, when it again made a change for the worse. I now applied equal parts of fluid extract of hydrastis and fluid extract of eucalyptus globulus, painted over the inflamed parts, twice daily. This, again, produced great improvement in the condition of the parts, but the affection was still very painful. At this time my friend and colleague, Dr. J. H. Sheets, of Pottstown, saw the case with me in consultation. Dr. Sheets suggested the use of phenol sodique, a preparation prepared by Hance Brothers & White. This preparation is recommended as a hæmostatic, antiseptic, and disinfectant. It was painted over the parts night and morning. I also applied once a day the following ointment, which was recommended to me by Prof. J. V. Shoemaker, of Philadelphia, viz.:—

℞	Calomel, . . .	grs. xx.
	Acetate lead, . . .	ʒss.
	Ext. belladonna, . .	grs. xv.
	Bismuth sub-nit., . .	ʒj.
	Zinc carbonate, . .	ʒss.
	Benzoated lard, . .	℥ij.

M. et ft. in ungt.

This ointment proved an excellent adjunct to the treatment already adopted. The bromide of arsenic (May, 1887) was gradually increased to six drops, three times daily, and the preparation of iron, nux vomica, and ergot was continued, given before breakfast and supper, twice daily. At night an opiate was given until up to this time, when it was discontinued. On discontinuing the opium the patient was unable to get any sleep for four nights or more, when the nervous condition and restlessness gradually disappeared. The eczematous inflammation was finally cured after persevering in the local treatment as given.

November, 1888.—It is now nearly one and a half years since this patient has taken any medicine, and there has been no return of the disease, so that I might say that she is cured.

SELECTIONS.

SURGICAL ANTISEPSIS.

THE advantages of surgical antiseptics are so numerous that it is almost a work of supererogation to point them out. We may, however, call attention to several operations that have been performed lately, which show most conclusively how much has been gained by antiseptic measures, while at the same time these accounts indicate the range of possibilities in the matter of surgical procedures which have been presented to us. The first case to be noted is that reported by Dr. Ferdinand H. Gross, at the German Hospital (Medical News, October 27, 1888), in which the heel was removed for necrosis, according to the method of Wladimiroff and Mikulicz, and known as the osteoplastic resection of the foot. Both the astralgus and os calcis were removed, together with sections of the tibia and fibula along with the posterior surfaces of the scaphoid and cuboid. In order to fix the remaining part of the foot firmly upon the leg, it was necessary to drill holes in the ends of the bones of the leg and in the scaphoid and cuboid bones, inserting in these holes sterilized bone pegs, three inches long and three-sixteenths of an inch in diameter, by which the foot was impaled upon the end of the tibia, and by means of bandages retained in the most favorable position for use after healing. At the expiration of ten weeks, union was sufficiently firm that it could be used to some extent, and promised to be a fairly useful member.

The next case worthy of attention is that covering ligature of the brachial artery for traumatic aneurism, reported by Dr. Rudolph Matas, of New Orleans (loc. cit.). The patient, a young colored man, had accidentally been shot with bird-shot, and within a short time there appeared a pulsating tumor, but pressure sufficient to control the activity of the circulation could not be borne but for a few minutes at a time. It was, therefore, decided to ligate the artery at the upper extremity of the tumor, and all went well for the period of ten days, when pulsation was again noted, and shortly there was as great a tumor as in the beginning. Another operation was demanded: the tumor was ligated at the distal extremity near the elbow, and yet the flow of blood was not controlled. Exploration of the sac became necessary, when it was found that three nutrient arteries required ligatures. Into two of them catheters were introduced, and a ligature thrown around them, but the third required to be sutured. Considering the amount of traumatism inflicted in the later case from the two operations, it is something remarkable that fifteen days after the last one he should have been discharged cured, and with but a linear cicatrix to mark the location of an aneurismal

tumor, measuring not less than six and a-half inches. In both of these cases, the difficulty was largely on account of the possible failure in the establishment of the collateral circulation, but for the purpose of assisting in securing proper warmth, suitable precautions were adopted in both cases.

Under the old regime, such formidable operations would have been undertaken only at the last moment, and then probably at the expense of the patient's life, but now, under improved methods, no difficulty is apprehended, only the most scrupulous care must be taken to prevent infection.

Dr. W. W. Keen, of this city, reports an exceptional case (American Journal of the Medical Sciences, November, 1888) of epilepsy of uncertain origin, in which the attacks apparently began in the left hand. An operation was decided upon; the trephine was used for the removal of a piece of bone one and a half inches in diameter; other pieces of bone were removed with the forceps, the faradic current, for the purpose of determining the cerebral centre for the left wrist and hand, was applied to the brain tissue and the centre removed. After this portion of the operation was completed, the seat of operation was photographed, the pieces of bone were reintroduced, and at the end of eight days there was no indication of imperfect union of the bone, the patient was able to go out to the barber shop, and the epileptic seizures were gradually lessening in severity, although the left hand was paralyzed. The patient is still gaining in the use of the hand, however, and it is believed that eventually he will regain nearly full control of its functions.—Ed. *Medical Register.*

THERAPEUTIC NOTES.

CORROSIVE SUBLIMATE INTERNALLY IN SEPTICÆMIA.

At a recent meeting of the Gynecological Society, of Boston, Dr. Samuel N. Nelson said: The use of antiseptics in puerperal fever seems to me a necessity, but I think that the chief advantage to be derived is from their employment locally, and when used systemically they have little if any perceptible effect. When they do have any effect, I cannot believe it due to their antiseptic qualities as such. This is particularly the case when the question is concerning corrosive sublimate, of which the dose compatible with safety is very minute, particularly in proportion to the weight of the body of an adult. Note the dose advocated by the reader, viz., one-ninety-sixth of a grain at the beginning, every three hours, which may be increased to one-forty-eighth of a grain. Dr. Ernst is quoted as authority for the statement that corrosive sublimate in the proportion of 1 to 10,000 will restrain the growth of micro-organisms, and this is cited as the reason for giving the above-mentioned dose. Does it fulfill the conditions? With the larger dose mentioned (one-forty-eighth of a grain every three hours) only one-sixth of a grain is taken in twenty four hours, and if for convenience we estimate the average weight of an adult at one hundred pounds, or 700,000 grains in round numbers (which is below the actual figure), we find that the proportion of medicine taken in the whole twenty-four hours to the weight of the body is 1 to 4,200,000, which is only one-four-hundred-and-twentieth part of the proportion cited as authority for the dose. In point of fact, Dr. Ernst falls far short of the mark, when he says that a solution of corrosive sublimate 1 to 10,000 restrains the growth of micro organisms. Many years ago Koch and Sternberg showed that the solution 1 to 10,000 would kill them when exposed for two hours. And at least four years ago I reported to this society a series of experiments in which I showed that the solution of 1 to 10,000 killed the germs in five seconds in every one of several experiments. And, although I have not investigated further, I believe that a much weaker solution will kill them in this exceedingly short time. Moreover, considerable larger doses of corrosive sublimate than has been recommended can be borne. Pepper recommends, if I remember the figures correctly, doses of one-twenty-fourth to one-sixteenth of a grain every two hours for children of about five years old sick with diphtheria; and used thus he considered it almost a specific. In the spring of 1884, when ill with a severe attack of diphtheria, I took a grain of corrosive sublimate every day for a week in addition to frequent gargling with a 1 to 1000 solution—and I am alive to tell the fact. When taking a grain a day, I took only about 1 to 1,000,000 part of my own weight, and even this proportion is much too small to think that good effects can come from the use of the drug on account of its antiseptic properties as such.

The advantages of antisepsis locally, however, should not be overlooked, and here I should place corrosive sublimate at the head. He who has made an autopsy after death from puerperal fever, and seen the whole interior of the large non-involuted uterus a stinking slough, will appreciate the need of action here. All that can be easily removed should be removed, and frequent irrigations of corrosive sublimate solution 1 to 1000 should be employed.

If corrosive sublimate has any effect in shortening or curing the disease when taken into the system, I believe that we must find some other explanation than its antiseptic properties, and if repeated trials show good results it is most certainly a valuable remedy, and I hope to hear further reports concerning it.

ANTHRAROBIN.

This remedy has been utilized in all cases where chrysarobin is indicated. Dr. J. Neumann has obtained good results with it in psoriasis, herpes tonsurans, pityriasis versicolor, and eczema. In all of these affections, anthrarobin has been used with advantage. Behrend has used it in fifteen cases of psoriasis, seventeen cases of herpes tonsurans, two cases of eczema, and in one case of pityriasis versicolor. In these cases, the alcoholic tincture has been more effectual than the pomade. Another advantage of the tincture is, that it dries rapidly, so that the clothing is less soiled by it; moreover, the stains are to a large extent eliminated by washing with soap. Both the pomade and the tincture have been rubbed into the skin. The effect is greater if, before the remedy is applied, the skin be washed or rubbed with soft potassium or green soap. The results are satisfactory, but are far from equal to those attained by the use of chrysarobin. The advantage over the old method of treatment is nevertheless evident, and the action much more decided than that of pyrogallic acid. The treatment is more protracted than that with chrysarobin, but the tolerance of the organism is so great that those patients who were allowed a choice preferred anthrarobin because it was less disagreeable.

Among the patients alluded to three are still undergoing treatment, but are better. The others have been completely cured. The patients affected with psoriasis for the first time were cured by three or four applications, the chronic cases of psoriasis by from six to ten applications, and that without any trace of inflammation whatsoever. In herpes tonsurans the action is still more decided. Every case of herpes of the beard was cured without the formation of acne or pustules. As to eczema or erythrasma, it has only been a short time since this disease was attributed to the existence of a parasite. Modern authors are inclined to admit that it is caused by a microorganism, but clinical observation and the development of the disease seem to indicate that eczema appears first, and that the microbes develop subsequently upon the patches; in this way the parasitic character of the disease may then be explained. The disease is one of the most persistent, and Kaposi shows that it takes several months to cure it. Behrend has cured certain cases of this kind in several days by chrysarobin, which he used in the same manner as anthrarobin. Two cases treated with this latter substance were cured after ten or twelve applications.

In pityriasis versicolor, chrysarobin is evidently preferable, and Behrend concludes from the above results that anthrarobin has a more feeble action than chrysarobin, but that it has some advantages over the latter remedy, for it may be applied to the face without fear of inducing irritating phenomena, and the patient can use the remedy for weeks and months; its action is, moreover, stronger than that of pyrogallic acid.—*Le Progrès Medical.*

PNEUMONIA IN CHILDREN.

For sustaining the heart nothing better than alcoholic stimulants, judiciously employed, can be recommended. Sherry wine has always suited me the best for this purpose in children, though brandy or whisky may be preferable at times. I generally have the children take small quantities of wine from the beginning and through the whole course of the sickness, and have the amount to be taken increased as may be indicated.

To reduce the temperature I have lately employed antifebrin in doses of from one to four grains about every four hours, and this medicine has given me more satifaction in obtaining this result than any other preparation heretofore employed, and will suffice in a great number of cases. But you will meet cases where, in spite of antifebrin, the temperature will remain high, the heart become weaker, and our little patient will sink rapidly in a state of col-

lapse if no other means can be found to save him, and here we have in the judicious use of cold water an agent which cannot be recommended too highly. As in typhoid fever, since the introduction of the cold bath, wherever this has been faithfully employed, the high mortality rate has been reduced to almost nothing, so I fully believe that many pneumonia patients would be saved if a more liberal use of cold water were made in such cases by the practitioners.—Dr. Carl Bonning, in the *American Lancet.*

ANTIFEBRIN.

In a recent study of antifebrin, Dr. John A. Henning says:—

1. Antifebrin should only be prescribed in high temperature, the disease being the sthenic form.

2. Antifebrin produces too much prostration to be given in the asthenic form of disease.

3. Antifebrin given in two and three grain doses every hour will reduce the temperature from 105° to 100° in three to five hours, and remain so for several hours.

4. The administration of antifebrin should be cautiously used, as in full doses in a sthenic form of disease may result disastrously.

5. Thus antifebrin becomes a valuable remedy in keeping down the temperature, while other remedies will cure the disease.—*The Chicago Medical Times.*

CONIUM AS A LOCAL ANÆSTHETIC.

Attention has been called to the value of hemlock as a local anæsthetic in painful affections of the rectum and anus, by Dr. Whitla (Practitioner, April, p. 250). He states that he has found an ointment of conium very useful when applied in pruritus ani, especially when associated with or caused by hæmorrhoids or fissures in the anus or lower part of the rectum. Having found the official extract of conium unreliable, Dr. Whitla prepares an ointment from the succus. This he does by evaporating two ounces of the succus slowly at a temperature below 150° F., until reduced to one and a half or two drachms, and then triturating the syrupy residue with sufficient lanolin to make the weight up to one ounce. The product is a smooth, adhesive, stable ointment, of a light brown or fawn color.—*The Pharmaceutical Journal.*

ORCHITIS AND EPIDIDYMITIS.

True orchitis, or inflammation of the testicle, is seldom seen in practice, the case being usually an inflammation, with swelling of the epididymis, caused by urethral inflammation or irritation of some sort. True orchitis is excruciatingly painful, though the testicle may not be much enlarged; whereas epididymitis is at least bearable, though tender. In epididymitis, the testicle may be felt in a normal condition, while the epididymis is tender and swollen. Moreover, there are seldom any constitutional disturbances in epididymitis, whereas in true orchitis the system generally sympathizes acutely. "Strapping" is often serviceable in epididymitis, less so in orchitis. Puncture is more useful in the latter condition, but is a rough method of procedure. The internal administration of colchicum and leeches to the cord offer a generally successful method of treatment.—*The Medical World.*

SYRUP OF IPECAC.

As syrup of wild cherry is the basis of a great many cough mixtures, so is syrup of ipecac one of the most frequent and active ingredients of these compounds. A desirable preparation of the latter syrup is not very readily made by the usual method. With a determination to precipitate, it is also endowed with a persistent tendency to ferment. The latter can be obviated to a certain extent by the addition of glycerin, and the former by the use of a small quantity of water of ammonia. This is used in such limited quantity as to be harmless, and the glycerin is in every way a desirable addition. Here is the formula:—

℞ Fl. ext. ipecac., ... f℥j.
Glycerin, ... f℥iv.
Syrup, ... f℥xj.
Water of ammonia, . . gtt. xx.

Sig.: Add the ammonia to the fluid extract; then the glycerin, and, lastly, the syrup, mixing them well together.—Dr. R. J. Fritzinger, in *Medical Summary*, October, 1888.

Formula for Saccharin.—M. Constantin Paul, at a meeting of the Therapeutical Society of Paris, July 25, 1888 (Bulletin Médical, August 19, 1888), said the following formula made a good elixir of saccharin:—

℞ Saccharin, ... ℥iss.
Bicarbonate of soda, . . ℥j.
Alcohol (at 40°), . . . f℥iij.
Essence of mint, . . . gtt. xx.

M. Sig.: Coffeespoonful in a glass of water.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
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Philadelphia, Dec., 1888.

THE CAUSATION OF DISEASE.

THAT many of the more important diseases are modified and even controlled by meteorological conditions is a supposition which seems to be well founded; but this matter has never been more fully elucidated than in the account given by Dr. Henry B. Baker, Secretary of the State Board of Health in Michigan, who claims that not the deaths, but the cases of sickness, are to be studied when looking into the causation of disease. He has been forced to this conclusion because of the fact that the sickness is nearer than the deaths are to the causation of the disease, and he says the statistics of sickness and meteorology in Michigan have shown that most of the important diseases are controlled by conditions of the atmosphere. So thorough have these observations been in that State, that this gentleman claims to be able to foretell with a reasonable degree of certainty just what important diseases will increase or decrease in frequency at any time in the year when he has been able to familiarize himself with the meteorological conditions present. Not only can this be done with reference to the prevalence of different maladies, but the rise and fall of the sickness from these diseases can be predicted in advance, it is claimed, with almost as much accuracy as can the recurrence of the seasons; and thus we have added to our already overtaxed curriculum of study another and very important department—one, too, which will doubtless in the near future bear fruit in the shape of rich rewards for our investigations.

The foregoing investigations are, in some respects, in lines parallel to those of the Rev. Malling-Hansen, who has charge of the deaf-mute asylum at Copenhagen. This industrious observer has found that the influence of the sun has something to do with the growth of children, but this problem was not easily solved from the fact that the rule does not apply to the local meteorological conditions, but is modified by the atmospheric fluctuations affecting the entire globe. Should Dr. Baker's system of observations be extended, as were those of Malling-Hansen, his views would meet with greater respect and attention than when confined to a single State. A single fact well authenticated may, in certain cases, prove too much; so a series of facts regarding observations confined to a limited territory may be of such a nature that their application cannot be made general. It is suggested by Malling-Hansen and his co-workers that the observed periodicity in the growth of children is dependent upon influences emanating from the sun.

Having thus referred to these observations, it may be worth while to note that in the seventy cases under observation in his charge this gentleman found that the most active period of growth in children was during the Autumn, or from August to December, and from that time on until April he found the growth was but medium, while for the following three months of the year there was an absolute loss. These statistics are very interesting to physicians, and in time we have no doubt but that they will be used for the great benefit of mankind.

SHALL A PHYSICIAN PRESCRIBE WITHOUT SEEING HIS PATIENT?

THIS is a question which every physician in general practice is called upon almost daily to decide, and it is to be regretted that, in some cases at least, they fail to live up to the golden rule. The patient may be a good ways off, or the weather may be unfavorable, or possibly the prospects of financial remuneration are in the dim vista of the future, and, accordingly, a favorite formula is filled up, with instructions to go to the drug-store and get the medicine, and that he, the physician, will call early the following morning. That this is true will be evident to those who take the trouble to estimate the large number of poor people—and, too, people who are not so poor—who

almost daily patronize the accommodating druggist. Sometimes the druggist becomes suspicious that the case may assume a different phase from what was at first anticipated, and he then reluctantly sends them to his most obliging patron in the practice of the healing art. How often this farce is repeated by the easy-going family doctor we will not undertake to say, but the practice is all too common, and should be abandoned. Suppose the patient to be a child and threatened with croup: no physician is doing his whole duty who writes a prescription without an examination of the patient and all the surroundings. Medicine without proper attention is of little value, although it may be some consolation to the parents to know that they are doing something by carrying out the doctor's orders. In the case of beginning typhoid the same difficulty again occurs. A friendly prescription written for a sick man on his way home from work, without a proper examination and without a history of the development of the case, may prove most unfortunate, the next act on the scene being a hurried summons to attend a case of intestinal hemorrhage or perforation of the bowel. And yet, in spite of these dangers, men will button-hole the doctor on the street, because they know that he will not make any charge for a piece of friendly advice and a prescription, when in the end it may prove the most expensive piece of business they ever tried.

THE SIGNIFICANCE OF DR. HAMILTON'S APPOINTMENT.

THE significance of Dr. Hamilton's appointment to the position of editor of the Journal of the American Medical Association can only be appreciated in full by those who have long been identified with that body. The valuable services rendered in connection with the Ninth International Medical Congress, held in Washington, entitled him to a proper recognition, and if what he accomplished in that instance can be accepted as a criterion, the Journal, under its new editor, will not suffer for want of interest, and he has our best wishes for success in his new field of labor. The retiring editor, Dr. Davis, has conducted the Journal for the past five years, and its course has been uniformly progressive under his watchful care; so that we have come to look forward with interest for the weekly issues, knowing that some subject would be found therein of practical interest and value, and, as a rule, it has given us more than we bargained for; and, while extending congratulations to the incoming management, we must add that we have to part with our faithful friend, the retiring editor, with regret.

MODERN USE OF TATTOOING.

EVER since the mark of condemnation was set upon Cain there has been a repetition of the method from time to time, and the most recent application of tattooing has been by several prison authorities for the identification of convicts. It has been sug gested that in every penal institution the process should be carried out, and in this way a complete record could be kept of a man's life, no matter in what part of the globe he might be found, as, having a key, the prison management could readily follow up his history. It is proposed to introduce the plan in the Illinois State Prison at Joliet—first, because it is harmless, and, second, because it will form a perfect chain of evidence against wrongdoers, but will in no way affect unfavorably those who may be disposed to reform and live an honorable life.

As physicians, we should put a veto upon this unsafe and barbarous process, unless it should be adopted as part of the penalty when the condemned man is sent to prison. While not as harsh as branding, it is none the less a relic of bygone days, and, besides, it is by no means certain, as the marks can be removed with but little injury to the skin. In a recent issue of the Medical Press and Circular, Dr. Variot announces a method of obliterating tattoo marks—a result hitherto reported to be difficult and even impossible of achievement. The plan consists in the combined use of a concentrated solution of tannin and nitrate of silver. The tannin is first introduced into the skin by a series of pricks, just as in the case of ordinary tattooing, after which the nitrate of silver is applied to the part until the prick-

marks show out as black points, when the caustic is wiped off. Inflammation, of course, follows, but in the course of a couple of weeks the scabs which form will disappear, leaving no trace of the original design except a reddish scar, which gradually regains the natural color. In the case of large areas, only a small portion should be operated upon at a time. Various other plans have been tried with indifferent success, though when the design is but small the whole may be removed by dissection. Scarification has been tried, so has the use of an opaque powder, and caustics have been recommended, but the method of Dr. Variot seems to commend itself above all others.

The uncertainty of this method of branding criminals is not the least objectionable feature of the case, and that is more particularly the object we desire to call attention to, although physicians are well aware of the dangers of infection by this process. By this plan syphilis may be conveyed from one person to another, and until such a penalty becomes a part of the edict from the Court, no person should be subjected to this trying ordeal; and we believe that physicians will be ready to show their disfavor toward it by discountenancing such proceedings as far as lies in their power. The fact that the saliva of some persons is sufficient to cause symptoms of poison when introduced into the skin of another would in itself be sufficient to condemn the practice; but, with our knowledge of the germ theory and the principles underlying the distribution of disease by inoculation, it seems almost impossible that such diabolical schemes could long find a resting-place in the minds of civilized human beings.

HYDATIDS OF THE LIVER.

HYDATIDS of the liver are not of usual occurrence in this country, and from the infrequency of their appearance diagnosis is often a difficult problem. Should suppuration take place and the discharge find its way to the surface, either through the lungs, the intestines, or externally through the abdominal walls, a positive diagnosis can be determined by the presence of the characteristic hooklets; but in the absence of this diagnostic symptom the physician is at sea as to the real cause of enlargement in the hepatic region. At times this may be definitely settled by the cautious use of the aspirating needle, but great care should be exercised in attempting this comparatively safe operation, from the fact that the smallest quantity escaping from the needle or trocar upon its withdrawal may be sufficient to set up septic infection outside of the affected area.

In a case recently reported in the British Medical Journal, Dr. William S. Paget has furnished us with some interesting data concerning the features of this disease and its operative treatment. The disease occurred in a young man, aged 18, a grocer by occupation, who had suffered for some time from pain in the right side, dyspnœa, shivering, and sickness, but no cough. His first attendant regarded the case as one of indigestion and biliousness, but treatment was of no avail, and he was compelled to discontinue work. Six weeks after the beginning of the trouble he consulted Dr. Paget, who made a puncture with a fine aspirating needle, and drew off about half an ounce of greenish-colored pus, having a sickly odor. Suppurating hydatids were suspected, and the following day, with a large trocar and cannula, nearly three pints of pus were removed; but within a week physical signs indicated that the cavity was refilling, and an operation was decided upon. The first operation was merely preliminary and for the purpose of securing adhesions, and six days later an incision was made into the liver, the abscess opened, and not less than fifty ounces of pus withdrawn. The temperature, which had been high before the operation, fell to normal on the second day, although for three days the discharge was most abundant. In the meantime the abdomen was bandaged to favor the contraction of the cavity.

A notable feature in this case was the profuse discharge of bile which occurred a few days after the operation, the quantity being estimated at from twenty to thirty ounces daily, and during this time the stools were absolutely colorless. Twenty-one days after the last operation a semi-solid mass of cysts came away suddenly. They were of a bright orange color, and sufficient in quantity to half fill a tea-cup. But after that there were no further

indications of the presence of cysts, and a few weeks later there was nothing to show that an operation had been done except a small sinus, which finally filled up and healed perfectly; so that at the end of three months the man was apparently well and presented the symptoms of robust health. In this instance Dr. Paget finds occasion to note the fact of the antiseptic action of the bile, as, when that was increased externally, there was no pus discharged; but when the bile reappeared in the stools, the quantity of pus was largely increased. Upon the whole, this is a very instructive case, and is well worth study and consideration.

CORRESPONDENCE.

Editor Medical Bulletin:—

The article "Is Quinine an Abortifacient?" in your issue for November reminds us that if we rely upon individual experiences the medical profession will be like the Gauls in the time of Cæsar, "*Hi omnes inter se differunt.*" Experience is the strong hold of the empiric, and it sometimes causes wise teachers to give widely differing opinions upon the action of various drugs, while an occasional physician finds in a particular agent, and especially in quinine, a cure for every ill. Quinine, they believe, will both prevent and produce abortions—probably as the bark was peeled up or down. Until the therapeutic action of a medicinal agent is demonstrated, we will find the *post hoc* and *propter hoc* sadly mixed. Until then we cannot be too careful in its administration.

This letter is suggested by a case now under treatment. Yesterday I gave a patient eight months advanced in her seventh pregnancy five grains of quinine. Two hours afterward there was active uterine pains, requiring hypodermic injections of morphia and atropia and hours of rest to quiet them.

With her fourth pregnancy, I gave this patient ten grains of quinine, followed by fifteen of chloral hydrate, for a severe periodic neuralgia of the chest. In two hours and a half, after a third uterine pain, the contents of the womb were expelled with the membranes intact and the fœtus still alive. During several of her pregnancies I have given this patient—a well-developed and vigorous woman—a few grains of quinine, and in every instance they have excited uterine contractions.

This may be called idiosyncrasy, but it proves there are women with whom quinine is an abortifacient, and is suggestive. Nor can we feel surprise at such results. Wood says, "It has no power to originate uterine contractions, and its power to increase them is *sub judice*." Thousands have found it an oxtoxic, and if it can increase uterine contractions, why should its power to produce them be considered *nil?*

Fothergill, "Handbook of Treatment," says: "It is well known that quinine possesses the power of giving a sense of fitness for exertion to persons lacking these feelings, which it probably effects by some invigorating effect upon the nervous system" (p. 325). "There is one matter of importance about quinine not sufficiently well known, and that is its tendency to produce irritability of the bladder" (p. 58).

Wood ("Therapeutics, Materia Medica," etc.) quotes Eulenberg to show that it is not a nerve but a muscular irritant. We can hardly conceive of muscles being stimulated except through the nerves. If we know anything of its therapeutic action, we know it gives tone to the nervous system, especially to the trophic nerves. In moderate doses it stimulates cerebral action. Under its influence nervous exhaustion and neuralgias are relieved. Nervous force is generated and imparted to the entire organism. The heart beats stronger. Local plethora and congestions are relieved. Functional activity of the lungs, liver, kidneys, and other organs is increased, and agents addressed to special organs act more energetically—cholagogues, diuretics, etc. In large doses this action is increased until it becomes toxic, and cerebral congestion, deafness, blindness, vertigo, etc., are the results, with diminished organic action and heat-production. Why should it be deemed improbable that an agent with the possible therapeutic action of quinine should sometimes prove both oxytoxic and abortifacient? W. L. SCHENCK, M.D.

OSAGE CITY, KAN., November 17, 1888.

ENLARGEMENT OF THE SPLEEN.

Editor Medical Bulletin:—

If you will allow me space, I would like to say a few words relative to Dr. Taylor's treatment for splenic enlargment, as developed in malarious regions. The Doctor attributes his success in the treatment of those cases to one remedy (so I infer) only, to wit: ergot, when, in fact, he uses six—quinia sulph., acidum arseniosum, tinct. ferrum chloridum, tinct. digitalis, ergot, et ung. hyg. iodidum rubrum.

It is very evident to my mind why the Doctor cures patients afflicted with latent intermittent fever (chronic) with hypertrophied spleen; but it is not the ergot, as he claims, that reduces the spleen to its normal size. He confounds the *post* with the *propter hoc*.

Whenever you cure your patient of the fever and improve the condition of the blood, you will reduce the size of the spleen; in fact, I believe

the enlarged condition of the spleen is due to a greater increase in the number of white blood-corpuscles that inhabit the lymphatic glands (spleen) when the blood is impoverished. If a microscopical examination be made of the blood of a patient who has the malarial cachexia, the ratio of red to white corpuscles will be materially changed—in health one red to eight hundred or one thousand white; in disease, malarial cachexia (leucæmia), one red to ten white.

Physiologists tell us that the number of red blood-corpuscles is increased by meals and diminished by fasting.

As every one knows who has treated many cases of malarial fevers, the appetite (some cases excepted) is the first to fail, and thus an additional cause for the increase in white blood-corpuscles, or rather a decrease of the red, which amounts to the same thing, and thus more goods for our splenic storehouse.

I don't question the Doctor's treatment except the ergot, and that may do good by toning up the muscular tunic of the intestines, and thus favor a daily evacuation of the bowels. Quinine stands pre-eminent as an antiperiodic, and its use will stop all inroads on the red blood-corpuscle, so materially affected in chronic malarial toxæmia.

Acidum arseniosum is another splendid antiperiodic, second only to quinine. Iron, as we all know, increases the hæmatin of the red blood-corpuscles, and thus favors better oxygenation of the blood, for, as physiologists teach, they are the carriers of oxygen.

Digitalis may do good by bracing up the weakened (atonic) heart muscle, and thus to some extent relieve the dropsy of the lower extremities, and perhaps the anasarca that sometimes supervenes.

The ungt. hyg. iodidum rubrum is an excellent application to the splenic region, although I prefer the tinct. iodine, as not so severe and answering the same purpose—counter irritation and absorption of iodine (?).

One of the best remedies, though, for enlarged spleen and other allied conditions, is, I think, iodide of iron, freshly prepared, as recommended by Prof. Louis Bauer, of St. Louis. It is to be administered in pill form, continued from four to six weeks, or longer if necessary. Other remedies, of course, must be exhibited if needed.

If the Doctor has ever cured any case of hypertrophied spleen, due to malarial toxæmia, with ergot alone, he has failed to apprise us of the fact, and we must take it for granted that not the ergot, but the more appropriate remedies that he exhibited cured his patients. If this comment will throw any light on the subject (reduction of enlarged spleen by use of ergot) or favor further trials with the remedy, I will be amply repaid for writing this article.

I hope the Doctor will give us another article on the subject, be more explicit, and tell us what he has accomplished with ergot in the treatment of enlarged spleen. This is not written in any spirit of malevolence, but from a desire to stimulate the Doctor, so he will give the subject a fair trial.

JOHN HOLDERREAD.

LONG LAKE, ILL., Oct. 30, 1888.

MEDICAL NEWS AND MISCELLANY.

THE use of carbonic acid by inhalation has been recommended in dyspnœa.

DR. HARRISON ALLEN has removed to 1933 Chestnut Street, Philadelphia.

A CONGRESS for criminal anthropology will be held in Paris during August, 1889, under the presidency of Professor Brouardel.

A FRENCH dentist, Dr. Galippe, has recently discovered that antipyrin shows a tendency to blacken the teeth, especially when they have lost the enamel.

TYPHOID FEVER in the Cook County Hospital, Chicago, is the disease most prevalent, more than fifteen per cent. of the patients in that institution being sufferers from it.

THE Hospital Saturday and Sunday collections in New York last year amounted to the snug sum of fifty thousand dollars and a little over, nearly one half of which came from secular sources.

MEDICAL DIPLOMAS in Turkey are only granted for the life of the grantee, as by a ruling of the Sultan, at the death of a physician, his diploma is returned to the college from which it was issued.

THE appointment of Dr. Joseph O'Dwyer to the professorship of diseases of children in the New York Postgraduate School and Hospital is a well-merited tribute of respect for the great work accomplished by this industrious worker.

THE question of prevention of conception is now under discussion in some of the medical journals, but so far nothing of a very tangible character has been developed in this connection. The probabilities are that had there been any such practice within the reach of human genius, the ancients would long ago have learned it, and now the method would have been common property.

THE fortieth annual meeting of the American Medical Association has been postponed until June 25, 1889, in order that the meeting may take place at the time of the celebration of the two hundred and fiftieth anniversary of the settle-

ment of Newport, and besides, this latter date was found to be more convenient for the local societies. Prospects for success are unusually bright.

NOTWITHSTANDING the approach of cold weather, the yellow fever in Florida seems unwilling to take its departure, the number of cases being reported from day to day showing that it still has a strong hold upon that unfortunate country. How far the hotel proprietors will experience a set-back on that account does not at present appear, although it is said that many of them in that section of the State some distance from the scene of the scourge are making calculations upon having the usual winter harvest from the presence of Northern tourists.

THE rumor has been confirmed that at the close of the present term at the University of Pennsylvania, Prof. D. Hayes Agnew will withdraw from that institution. He has long been connected with the school, and, through his work as a surgeon and as a teacher, as well as an author, has always reflected great credit upon the institution, and his loss will be sincerely felt by his associates and by the students. Although retiring from active work as a teacher, Professor Agnew will devote his time to the legitimate demands of private practice and consultations, and doubtless his busy pen will not be allowed to rust in the intervals, but, as heretofore, he will continue to give the profession the benefit of his most mature deliberations.

TREATMENT OF SYPHILIS BY THE USE OF SUCCUS ALTERANS.—An abstract of the following case, reported in the Atlanta Medical and Surgical Journal, will doubtless prove exceptionally interesting reading. Dr. George Howe, of New Orleans, gives the history of the case in full, an epitome of which is here presented: A gentleman under the care of various eminent practitioners for six years applied to him while residing temporarily in that city, and stated that at the time he was taking seven hundred grains of iodide of potassium daily, with health greatly impaired. He was persuaded to take succus, two teaspoonfuls three times daily, and for the relief of pains, the nodes were first painted with a solution of cocaine, then tincture of iodine applied half an hour later. The result was good, and ten days later this practice was discontinued. A small quantity of iodide of potassium was added to the succus, five grains to each dose for the period of one month only, and for six months the full dose of one tablespoonful was taken three times daily, after which it was gradually decreased to a teaspoonful, the patient in the meantime having apparently regained his health and strength, with no reappearance of the pains for a period of eleven months.

The case just cited is a very good illustration of the value of this remedy, and Dr. Howe says in his communication that other cases which had resisted ordinary treatment have been benefited to an equal extent. He recalls the case of an Israelite, who, after taking the succus for a time, was exposed and reinoculated with the syphilitic virus, a result believed to be extremely rare.

DR. HENRY BERTON SANDS, one of the well-known physicians and a popular surgeon of New York, died suddenly while riding in his carriage in company of Dr. A. A. Smith of the same city. At an examination after death there were no fresh cerebral lesions indicated, and it was thought his death resulted from heart trouble. Dr. Sands was well known in connection with many of the hospitals of that city, and was probably first brought into prominence on account of his association with the physicians of the late General Grant. His work was characterized by caution and conservatism, and, although he was not a liberal contributor to medical literature, his writing was clear and forcible, and, aside from his medical learning, he was a great reader and close observer, and those who knew him best say he was a most interesting and attractive conversationalist. His loss will be sincerely felt by a large circle of friends and acquaintances, to whom he had greatly endeared himself. At the time of his death he was but a trifle more than fifty-eight years of age, and had spent his entire life in the city of his birth, full of honors if not of years.

A NEW TREATISE ON ELECTRICITY.—We have received from the Jerome Kidder Manufacturing Company, of No. 820 Broadway, N. Y., a copy of their latest edition of a work entitled "Researches in Electro-Allotropic Physiology, Uses of Different Qualities of Electricity to Cure Disease," by Jerome Kidder, M.D. This book, which consists of one hundred and twelve pages, exclusive of the handsome cover, is an exhaustive treatment of the subject of the therapeutic value of electricity as applied to diseased and devitalized parts of the human body. Dr. Kidder's success in constructing batteries that would permit of a fine control of both the *primary* and the secondary, or *induced* currents, by which the application of electricity could be adapted to all forms and degrees of disease, has been a matter for general congratulation among scientific men; and the wisdom of the theories on which he worked in the construction of his instruments has been proved most abundantly by all who have used the latter in accordance with his instructions. A "Summary as to the Different Physiological Qualities of Electricity," a very complete list of "Directions on Electro-Therapeutics," and some thirty pages of reports from various eminent physicians regarding their treatment

of difficult and otherwise *hopeless* cases are some of the entertaining and instructive features of this little work.

To all who are interested in the science of electrical therapeutics we would suggest that they write to this Company for a copy of this instructive work.

BOOK REVIEWS.

Quick Cooking: A Book of Culinary Heresies. By one of the Heretics. 12mo, pp. 294. New York and London: G. P. Putnam's Sons, 1888.

The "Quick and the Dead" is in every one's mouth nowadays. Any article quoted in this little work can be got up quickly, but there is nothing dead about the product when it reaches the mouth, for the whole six hundred and thirty-one dishes are not only rapidly prepared, but they are delicious. The preliminary twenty-five pages are a guide under which even a stupid cook can get up handsome dishes, and a dexterous one can make herself solid with the family. The book is a neat, economical, and excellent guide for the professional or family cook, and many of its recipes are entirely novel.

Fifteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Year ending June 30, 1887. Cloth, 8vo, pp. 232. Lansing, Michigan: Thorp & Godfrey, 1888.

This report is somewhat late in appearing, but to many it will form interesting and profitable reading, as everything else coming from the pen of that indefatigable worker, Dr. Baker. The work of this office is systematically arranged, and to those who have in view any investigations in this line, it cannot prove otherwise than of great assistance. As stated by the Secretary, the work of the office is naturally distributed under three closely related heads—the collection of information, the compilation and elaboration of information, and the dissemination of information. The volume before us includes many valuable observations and suggestions, and is a credit to the great State from which it emanates.

Transactions of the Medical Association of the State of Missouri. Thirty-first Annual Session, held at Kansas City, April 17, 1888. Paper, 8vo, pp. 462. St. Louis: E. E. Carreras.

In noticing a large collection of papers such as is here contained, it would be impossible to do justice to all without occupying far more space than can be given in these pages. Suffice it to say, however, that the book has been examined somewhat hastily, but, even then, the reviewer has found that the more recent methods of operating and the most approved plans of treatment have been investigated in this central portion of the Union. These contributors are not behind their brethren along the seaboard, notwithstanding the untoward influences of the malarial element in the Mississippi Valley, of which so much has been written lately. Although malaria may prevail, it is not a factor of such moment that it can be detected in the volume before us in the way of shortcomings, nor has it caused a failure on the part of these Western gentlemen to appreciate and apply what is most practical in the pursuit of the healing art.

Transactions of the State Medical Society of Arkansas. Paper, 8vo, pp. 125. Little Rock: Mitchell & Bettis, 1888.

The annual meeting of this Society was held this year at Fort Smith, and was marked by the usual routine business, and in addition some very interesting papers were presented. Among the number should be mentioned the able paper of Dr. B. Hatchett "On the Effects of Antifebrin." The reviewer has been very much interested in the observations related, and is of the opinion that other physicians would gain benefit from its study. One class of cases in which this observer has found it of great value is that of headaches, and although he has not used it indiscriminately in these cases, a large number have yielded to his entreaties with this drug. Another valuable contribution to our literature is the paper of Dr. J. C. Minor, "On the Use of Ergot in Congestions." "The Abortive Treatment of Pneumonia," by Dr. S. P. Green, is also an interesting paper. The next meeting of the Society will be held in May, 1889, at Pine Bluff.

Transactions of the Medical and Chirurgical Faculty of Maryland. Nineteenth Annual Session, held at Baltimore, April, 1888. Paper, 8vo, pp. 250 Baltimore: Press of Isaac Fredenwald, 1888.

The work of this Society is made to cover a wide range of topics, and through the management of the committee in charge it has been very thoroughly systematized. Dr. I. E. Atkinson, the President, contributes a readable paper upon "Medical Charities." The annual address by Dr. Richard Gundry is devoted to some problems of mental action, considered from the different points of view as indicated by inheritance, environment, and personality, and is philosophical as well as practical. Surgery is considered by Dr. Christopher Johnston; the practice of medicine by Dr. P. C. Williams; obstetrics and gynæcology by Dr. L. E. Neale; and upon sanitary science timely papers are contributed by Drs. George H. Rhoé and John Morris, the subject of the former being "Practical Measures for the Restriction of Contagious and Infectious Dis-

eases;" that of the latter, "Insanitary Agents in Common Use: Trees, Refrigerators, Ice-boxes, Filters." Other sections may be mentioned, as anatomy, physiology, and pathology; psychology and medical jurisprudence; microscopy, micro-chemistry, and spectral analysis; ophthalmology, otology, and laryngology, all of which are well represented by the members of this active association. There are, besides the departments named, a number of volunteer papers which will repay the student for the time expended in reading.

It is with pleasure we note that this Society has for some years conducted a directory for nurses, and the matter is mentioned here for the purpose of attracting the attention of our readers, many of whom would, no doubt, be glad to avail themselves of the advantages which such an institution affords. A full report of this branch is given, showing that it is self-supporting, and, further, it is stated that the demand for its registered nurses is largely on the increase.

Transactions of the Michigan State Medical Society for the Year 1888. Vol. XII. Paper, 8vo, pp. 365. Detroit: O. S. Gully, Bornan & Co.

The annual proceedings of this active Society are quite in keeping with those issued in former years, and include many interesting papers from intelligent practitioners in that rapidly growing State. It would be impossible to notice these papers in detail in a short notice, and we have only to suggest that this handsome volume should be examined to be fully appreciated. Our readers would gain some valuable suggestions from a perusal of the able address of the President, Dr. T. A. McGraw, upon the subject, "The Dependence of the Profession on the People," which is a characteristically practical paper and, withal, a very readable one, being permeated throughout by philosophical views that are quite attractive. The annual address on practice is by Dr. George K. Johnson, of Grand Rapids; subject: "The Natural History of Disease the Basis of Rational and Scientific Practice." Surgery is considered as an art and a science by Dr. George E. Frothingham, of Ann Arbor. The annual address in gynæcology is by Dr. N. W. Webber, of Detroit, upon uterine displacements, and in addition to these are a large number of excellent papers by physicians throughout the State, which reflect an extremely creditable state of affairs in that section of the country. A most acceptable plan has been followed in the preparation of this volume, a plan which commends itself to committees having similar matters in charge in other States. It consists in having a full report of the discussions taking place after the reading of the different papers. This is one of the features which should be encouraged, and as it can be accomplished at small expense, it would be well to have this plan followed out in the reports from all medical gatherings, so that the views advanced from time to time might be preserved for future reference. Not only would much controversy be thus avoided, but the dissemination of intelligence would be greatly enhanced. The reviewer would suggest the publication also of an abstract of these reports to be sent regularly to the medical journals for publication.

The Ear and Its Diseases, being Practical Contributions to the Study of Otology. By SAMUEL SEXTON, M.D., Aural Surgeon to the New York Eye and Ear Infirmary, Fellow of the American Otological Society, Fellow of the New York Academy of Medicine, Member of the Medical Society of the County of New York, and the Practitioners' Society of New York. Edited by CHRISTOPHER J. COLLES, M.D. Octavo, 473 pages. Numerous illustrations. Extra muslin, $4.00. New York: William Wood & Company.

The treatment of not less than thirty thousand aural cases in the short space of twenty years forms a sufficient basis for issuing a work upon ear diseases, and when we bear in mind that the work before us is based upon ten thousand of these cases, in which careful memoranda were kept, it is but right that we should assume the work to be of a practical character. This is, in fact, one of the prominent factors of the book, the work being confined largely to those cases, a large number being given in the body of the work as illustrating the various ear affections, together with methods of treatment. Subjects which our author deems worthy of special mention, referred to in his preface, which are less prominently considered in works generally, are the following: Catarrh of the upper air-tract; oral irritation, especially dentition and diseased teeth, and sea-bathing—their causative influences upon the ear; wounds and injuries of the ear occurring in warfare and in civil life; rupture of the drum-head from boxing the ears and its medico-legal aspect; concussion from the blast of great guns, explosives, etc.; anomalies of audition, noises in the ears and their connection with insane hallucinations and delusions. The effects of false hearing on singers, actors, lecturers, and musicians are also considered. The book, of course, is not confined to the treatment of those matters just mentioned, but covers the whole range of ear affections which have presented themselves within the time mentioned. It may, therefore, be taken as a reflected image of the diseases which will ordinarily meet the physician in general practice, and as such it will be found of the utmost service, embracing, as it does, the latest methods in diagnosis and treatment. A chapter is given to the claims of

soldiers, sailors, and marines for pensions on account of disability from deafness which will be studied with great benefit by the general practitioner as well as by specialists. Mechanically the book is all that could be desired.

The Physicians' Leisure Library: Clinical Lectures on Certain Diseases of the Nervous System. By J. M. CHARCOT, M.D., Professor to the Faculty of Medicine, Paris, etc. Translated by E. P. HURD, M.D. Paper, sq. 12mo, pp. 155. Detroit: George S. Davis. Price, 25 cents.

In giving this work to the profession of this country, Dr. Hurd has performed an invaluable service, as, with the exception of Pasteur, there is, perhaps, no more prominent man in France than Professor Charcot—at least, not from a medical standpoint. Those who wish to obtain some information as to Charcot's view relating to hypnotism will, of course, purchase this little work, as it presents an epitome of his teachings in that new department. Those who wish to compare his teachings and methods with those of the Nancy school, as presented by Liébault, will naturally seek for the writings of the latter. But in this little brochure we find something more than a study of hypnotism, as will be seen from a brief reference to the various topics considered in the lectures. The first lecture is taken up with spiritism and hysteria; the second, on isolation in the treatment of hysteria; the third, on choreiform movements and tremblings; the fourth, on muscular atrophy consequent on certain articular lesions; the fifth, on contractures of traumatic origin—painless tic of the face in an hysterical patient; the sixth, muscular atrophy consecutive to articular rheumatism. The seventh and eighth lectures are given to a study of six cases of hysteria in the male subject, and the whole forms a capital introduction to the study of this class of affections.

Perhaps one of the most attractive features of this little book will be found in the translator's preface, in which he passes in review, with a running commentary upon them, all the contributions of our author to scientific medicine, and which run up to no less than forty-nine. We anticipate this work will meet with a warm welcome on this side of the Atlantic, and that it will have an unusually large sale.

PUBLICATIONS RECEIVED.

Annual Report of the Commissioner of Pensions for 1888. Washington, D.C.: Government Printing Office.

Transactions of the American Association of Obstetricians and Gynæcologists, at the First Annual Meeting, held in Washington, D. C., September 18, 19, and 20, 1888. Abstract.

Writing Machines for Doctors. By John Aulde, M.D., Philadelphia, Pa. Reprint from Medical Register.

Should not the National Government Defend our Ports Against the National Enemy, Contagious Disease? By Benjamin Lee, A.M., M.D., Ph.D., of Philadelphia, Pa., Secretary of the State Board of Health of Pennsylvania. Reprinted from the Journal of the American Medical Association, May, 1888.

The Preferable Climate for Phthisis; or, Comparative Importance of Different Climatic Attributes in the Arrest of Chronic Diseases. By Charles Denison, A.M., M.D. Reprinted from the Transactions of the Ninth International Medical Congress, Vol. 5.

Address on Rhinology. The President's Address before the American Rhinological Association. By Carl H. Von Klein, A.M., M.D., of Dayton, Ohio. Reprinted from the Journal of the American Medical Association, September 22, 1888.

Miss Parloa's New Cook-Book. By Maria Parloa. Limited edition.

The Causation of Cold-Weather Diseases. By Henry H. Baker, M.D., Secretary of the State Board of Health, Lansing, Mich. Reprinted from the Annual Report of the Michigan State Board of Health for the year 1887.

A State Board of Medical Examiners. Read before the Medical Society of the State of New York, February 2, 1882, by P. R. Furbeck, M.D., Gloversville, N. Y.

Consequences of Acute Suppuration of the Middle Ear, with Special Reference to Opening the Mastoid. By A. R. Baker, M.D., Cleveland, Ohio. From Transactions Ohio State Medical Society.

The Formula of Morphine. By R. B. Dott, F.I.C., and Ralph Stockman, M.D. (from the Materia Medica Department, Edinburgh University).

State Board of Health Bulletin, Nashville, Tenn., October 15, 1888.

Report on Hydrophobia. By Charles W. Dulles, M.D., of Philadelphia. Reprinted from the Transactions of the Medical Society of the State of Pennsylvania, June, 1888.

Compendium of the Laws Relating to Public Health and Safety of the State of Pennsylvania, Together with the Decisions of the Supreme Court and County Courts Relating Thereto. Compiled by the State Board of Health.

The Physiological Action of Borneol, a Contribution to the Pharmacology of the Camphor Group. By Ralph Stockman, M.D. (from the Pharmacological Laboratory of the University of Edinburgh).

COMMERCIAL NEWS.

A New Treatment

of accounts, recently discovered by Henry Bernd & Co., of St. Louis, seems to be creating quite a revolution in that oft-neglected branch of the doctor's work—book-keeping. We refer to Bernd's Physicians' Registers, which, in the short space of two years, have come into general use throughout the United States and Canada.

These books are always posted. The possessor can inform those wishing to pay their bills at a moment's notice the exact amount of their indebtedness, without referring to auxiliary books, thereby frequently collecting an account which otherwise might go unpaid.

Sample pages of this book can be had by addressing the publishers, Henry Bernd & Co., 2631 Chestnut Street, St. Louis. (See their advertisement, p. 20.)

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B. W. Stillings, Sand Hill, W. Va.

The witty feuilletonist of La France Médicale has discovered that the names of thirty-one physicians are inscribed upon the roll of the saints. But, lest any doctor thereupon becomes unduly vain, he hastens to add that not one among them was duly canonized *because* he was a doctor, but *notwithstanding* that fact. So far from receiving a reward for their services to mankind as physicians, he even hints that the methods for which these ancients were canonized savor strongly of modern quackery.

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A University of Pennsylvania graduate, who has had two years' experience under private preceptor, and who has made a specialty of Laryngology and Gynæcology, would like to learn of a location; or would assist an old practitioner. Address, stating full particulars,

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"The science of 'hypnotism' is developing fast," says the St. James Gazette. "M. Joseph Bertrand, the Secretary of the French Academy of Science, submitted to that body at its last sitting a mode of superinducing anæsthesia by purely mechanical means. It consists in directing the rays of a mirror, of the sort employed by lark-catchers, on the eyes of the subject. A species of hypnotic trance, accompanied by absolute physical insensibility, is thus produced."

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I have fully tested Peacock's Bromides, and find it not excelled, and a reliable and efficient remedy, producing the most happy results in its administration in epileptic and other similar troubles. Shall continue to use it in my practice. Wm. A. Hunt, M.D., Lynnville, Ind.

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Columbus, Miss. H. M. Lanier, M.D.

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Dr. Charles H. Merz, the house physician to University Hospital at Cleveland, Ohio, April 25, 1887, said: "I have made use of Papine for some time past, both in hospital and private practice, and find it a most agreeable substitute for morphine and opium. It is the anodyne *par excellence.*"

Young Father—"Blamed if I know what's the matter with the baby, Doc.; but she cries all the time."

Doctor—"Perhaps she has been cutting her teeth."

Young Father—"I don't belive it, Doc.; she aint had a knife or anything sharp to play with since she was born."—*Judge.*

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